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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/407,361 08/30/2002
by you

**** FOREIGN APPLICATIONS *******

by note

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/22/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>by</i> Allowance Acknowledged <u> </u> Examiner's Signature Initials	STATE OR COUNTRY CO	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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TITLE
 Airspring sleeve

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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